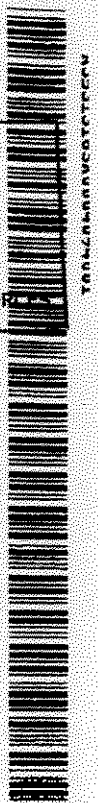


OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT COMPENSATION
REQUEST TO EMPLOYER FOR SEPARATION INFORMATION

JFS-82000 01/20/2013

| | | | | |
|--|--|---|---|--|
| Claimant's Name WILLIAM F. KACZMAREK | | | Social Security Number [REDACTED] | Form ID Number 218425585 |
| Application Date 06/12/2013 | Benefit Year Beginning Date 06/09/2013 | Benefit Year Ending Date 06/07/2014 | Issue Date 06/13/2013 | |
| BOARD OF CUYAHOGA COUNTY COMMISSIONERS OFFICE OF HUMAN RESOU THE STERLING BUILDING 1255 EUCLID AVENUE ROOM #310 CLEVELAND, OH 44115-1807 | | | Return to: | |
| | | | Chillicothe Processing Center PO Box 182212 Columbus, OH 43218-2212 Phone: (866) 244-0399 Fax: (614) 466-7449 | |
| Employer's Name BOARD OF CUYAHOGA COUNTY COMMISSIONERS OFFICE | | | UC Account Number 0802118000 | Employer Telephone Number (216) 443-7248 |

RECEIVED
CUYAHOGA COUNTY
JUN 17 2013
OFFICE OF HUMAN RESOURCES



IMPORTANT INFORMATION - DEADLINE FOR REPLY: 06/27/2013
FAILURE TO PROVIDE INFORMATION MAY AFFECT EMPLOYER CHARGES FOR BENEFIT PAYMENTS.

EMPLOYER INSTRUCTIONS: The claimant identified above has filed a claim for benefits and has listed your company/business as a former employer. Complete both sides of the form, sign, and fax to the office listed above. If you prefer, you may return the form by mail. Further, you may complete the form using the OJI website <https://unemployment.ohio.gov>. This agency will use the information you furnish to determine the claimant's eligibility for unemployment compensation benefits. Failure to respond will result in a determination based on available facts.

1. Is the address and/or account number reported for you above correct? ☒ YES ☐ NO
2. Was the claimant's employment covered by an unemployment insurance law? ☒ YES ☐ NO
3. (a) For the most recent period of employment, please provide the start date

| | | |
|-------|-----|------|
| 07 | 03 | 06 |
| MONTH | DAY | YEAR |

 (b) For the most recent period of employment, please provide the end date

| | | |
|-------|-----|------|
| 06 | 11 | 13 |
| MONTH | DAY | YEAR |
4. During the period you entered in Items 3(a) and 3(b):
 - Did the claimant work six or more weeks and earn at least \$1,380.00? ☒ YES ☐ NO
 - If "NO": (a) How many weeks did the claimant work?

| | |
|--------------|--|
| | |
| No. of weeks | |

 (b) How much did the claimant earn?

| | | | | | |
|---------|--|--|--|-------|--|
| | | | | | |
| DOLLARS | | | | CENTS | |

 (c) Did the claimant have any periods of employment with you prior to the start date in Item 3(a)? ☐ YES ☒ NO

- CONTINUED ON REVERSE -

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

| | | | |
|--------------------------------|---|--|--------------------------|
| Application Date 06/12/2013 | Benefit Year Beginning Date 06/09/2013 | Benefit Year Ending Date 06/07/2014 | Issue Date 06/13/2013 |
|--------------------------------|---|--|--------------------------|

5. If you have paid or will pay this applicant any money allocated to the period subsequent to 06/09/2013, please complete all applicable fields.

(check all that apply)

| | | | | | |
|--|----------------------------|---------------------|--------------------------|--------------------|----------------|
| <input type="checkbox"/> PENSION | START DATE | END DATE | TOTAL AMOUNT | NORMAL WEEKLY WAGE | MONTHLY AMOUNT |
| <input type="checkbox"/> SEVERANCE | ALLOCATED FROM | THROUGH | TOTAL AMOUNT | NORMAL WEEKLY WAGE | |
| <input checked="" type="checkbox"/> VACATION | ALLOCATED FROM 06/12/13 | THROUGH 07/29/13 | TOTAL AMOUNT 4,562.46 | | |
| <input type="checkbox"/> 1ST HOLIDAY | DATE OF HOLIDAY | GROSS AMOUNT | | | |
| <input type="checkbox"/> 2ND HOLIDAY | DATE OF HOLIDAY | GROSS AMOUNT | | | |

6. Please enter all wages earned by the claimant from 06/09/2013 to 06/15/2013.....

| | | | | |
|---------|---|-------|---|---|
| 3 | 9 | 4 | 6 | 9 |
| DOLLARS | | CENTS | | |

7. Claimant's stated reason for separation was: Discharge - Undisclosed reasons

-- Was the claimant separated due to Lack of Work?

| | |
|------------------------------|--|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|------------------------------|--|

If "NO", please complete the questions on the additional page(s) and return them to the address or fax number shown on the front of this page.

8. EMPLOYER'S CERTIFICATION: I certify that the information furnished is true and correct.

| | | |
|--|-------------------------|----------------|
| Signature of Employer's Representative | Title | |
| Name of Company/Firm | Telephone Number () | Date Completed |

If ODJFS needs additional information about the claimant's reason for separation, when is the best time to contact you?

(circle your preference)

8 a.m. - Noon or Noon - 5 p.m.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

| | | |
|--|---------------------------------------|--|
| Claimant's Name WILLIAM F. KACZMAREK | Social Security Number [REDACTED] | |
| Issue Raised Discharge - Undisclosed reasons | Issue Start Date 2013-06-11 | Benefit Year End Date 06/07/2014 |

Fact Finding Questions for Discharge - Undisclosed reasons issue involving WILLIAM F. KACZMAREK, (XXX-XX-4907).

1. Describe the final event that caused the discharge, including the date it occurred or was discovered by the company.

See attached document for all questions

2. Explain the company rule or policy violated by the claimant.

3. Was claimant aware of the rule or policy?

A. If yes, how was claimant made aware?

4. Is this rule uniformly applied to all employees, including this claimant?

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.



| | | |
|--|---|--|
| Claimant's Name WILLIAM F. KACZMAREK | Social Security Number [REDACTED] | |
| Issue Raised Discharge - Undisclosed reasons | Issue Start Date 2013-06-11 | Benefit Year End Date 06/07/2014 |

A. If not applied uniformly to this claimant, please explain.

5. Please explain your disciplinary policy.

6. Please explain how employees, including this specific claimant, are advised of the disciplinary policy.

7. Had claimant received warnings and/or discipline for same or similar incidents in the past year?

A. If yes, provide details including dates of warnings or other discipline and the nature of the discipline.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.



| | | |
|--|---|--|
| Claimant's Name WILLIAM F. KACZMAREK | Social Security Number [REDACTED] | |
| Issue Raised Discharge - Undisclosed reasons | Issue Start Date 2013-06-11 | Benefit Year End Date 06/07/2014 |

12. Please provide the name, title and phone number of your preferred contact person if different than above.



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Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

Fact Finding Questions for Discharge- William F. Kaczmarek (REDACTED)

1) Claimant is an assistant prosecuting attorney, a fiduciary employee of the County Prosecutor. Employer determined in June, 2013, that Claimant was consorting with the defendant, Gregory Krajnyk, in *State v. Krajnyk*, Cuyahoga Common Plea Case No. CR-13-574146 (attached; see also CR-12-569520, also attached) including private meetings attended by female companions of Defendant Krajnyk, who operated a so-called "escort service" alleged to involve prostitution and illegal drugs. Claimant continued to associate with Krajnyk while Krajnyk was under felony indictments by the Cuyahoga County Prosecutor. Defendant Krajnyk's computer included photos of Claimant with nude "escort."

2) Failure of good behavior; immoral conduct; conduct outside the workplace that causes public embarrassment for the employee or CCPO. (Cuyahoga County Prosecutor's Office Employment Policy Manual, Section 4.01, 4.02. (see attached)

3) Yes.

4) Yes.

(A) N/a

5) Assistant Prosecuting Attorneys are unclassified, at-will employees of the County Prosecutor under ORC 124.11(A)(11). Misconduct by Assistant Prosecuting Attorneys is

assessed by the appointing authority according to its severity, including impact on the effective operations of the Office's public duties.

6) All employees of the Cuyahoga County Prosecutor's Office receive the Employment Policy Manual and are required to acknowledge receipt.

7) No.

(A) N/a

8) See response to No. 2, above. Claimant was interviewed by detectives of the Cuyahoga County Sheriff's Department detailed to a Federal Bureau of Investigation Task Force responsible for multiple felony charges involving prostitution-related crimes against Gregory Krajnyk and acknowledged his association with Krajnyk and Krajnyk's female companions.

9) No.

(A) N/a

10. N/a.

11. Beverly Dean
Human Resources Manager
216-443-7862
(based upon information/report from law enforcement investigation)